



State of Alaska
Dept. of Health & Social Services
Division of Public Assistance
Heating Assistance Program
Information Hotline
Anchorage: 269-5777
All other areas: 1-888-804-6330



The Heating Assistance Program assists with home heating expenses. Both homeowners and renters may apply. Eligibility for the program is based on your household's income and documentation that you pay for home heat, either directly, or indirectly through rent. However, see the note below if you live in subsidized rental housing. Household income consists of total income, before taxes, earned and unearned, derived from any source by any member of the household in the calendar month before the date of signature on the completed application. An income average for the 12-month period before the date of signature on the application will be used for self-employed and seasonal occupations. Use the following chart to help you decide if you should apply:

Household Size	Gross Income - Prior Month (before taxes)
1\$1,531
2\$2,063
3\$2,594
4\$3,125
5\$3,656
6\$4,188

For each additional household member add \$531

Important Information About Your Heating Assistance Program Application

- The program begins issuing payments on November 1. Applications must be postmarked or received by the Division of Public Assistance by April 30. If your household is eligible you will receive one heating assistance grant during this period.
- Most renters in subsidized rental housing have their heating costs paid through the housing program. If you participate in a subsidized rental housing program and are paying your own heating bills, ask your housing manager for a copy of your rent worksheet, which shows your utility subsidy. Your annual heat costs must exceed your annual heat subsidy by over \$200 to be eligible for the Heating Assistance Program.
- Heating assistance grants are calculated using a point system which considers: the area of the state where you live, fuel type, dwelling type, household size and income. If you have low heating costs you may not qualify.
- Permanent Fund Dividend income is **not** counted in determining eligibility for heating assistance. However, please list it as it helps us understand how you are meeting your expenses.

The **Low-Income Weatherization Program** may be able to help you lower the cost of heating your home by installing energy efficient improvements. For more information, call the number for your area listed below:

<u>Weatherization Provider:</u>		<u>Service Area:</u>
907-343-6630	Municipality of Anchorage	Anchorage
800-478-8080	Alaska Community Development Corporation	Mat-Su, Kenai-Pen, Copper River, Kodiak, Bristol Bay, Aleutians, Southeast Alaska except Juneau
800-478-5323	Interior Weatherization	interior Alaska
800-478-7227	RurAL Cap	Juneau, western and northern Alaska

Mail your application to:

Heating Assistance Program

400 Willoughby, Suite 301
Juneau, Alaska 99801-1700

In Juneau: 465-3058
All other areas: 1-800-470-3058
Fax: (907) 465-3319

Juneau Office Date Stamp

Filing Deadline: April 30

**Your application must be received by the Division
of Public Assistance or postmarked by the deadline.**

If the program runs out of funds before the filing deadline, no more grants will be issued.

Please Print Neatly!

1. Your First Name	MI	Last Name	Male <input type="checkbox"/>	Female <input type="checkbox"/>	2. Birthdate	3. Social Security Number
4. Mailing Address						5. Are You a U.S. Citizen (or qualified alien)? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. City/Village					Zip Code	7. Daytime or Message Phone
8. Physical Address					9. Occupation	

10. ☐ **Yes** ☐ **No** Did you work or receive income during the last calendar month? If No, Date Last Worked _____

11. Ethnicity (Optional) Are you Hispanic? ☐ Yes ☐ No

Your Racial Heritage (optional) Check one or more.

☐ Caucasian ☐ American Indian ☐ Alaska Native ☐ Asian ☐ African-American ☐ Pacific Islander ☐ Other

12. Names of Other Household Members Currently Residing With You	Birthdate	Relationship To You	Social Security Number	Occupation	U.S. Citizen (or qualified alien)?		Income Last Month?	
					Yes	No	Yes	No

If you need more space, attach another piece of paper.

13. Have any of the adults in your household applied for heating assistance from a tribal or native organization in your area?
☐ **Yes** ☐ **No** If you checked "Yes", **STOP HERE**. You cannot receive heating assistance from the State of Alaska.

14. Are there any other persons living with you at this residence who are not listed above?
☐ **Yes** ☐ **No** *If you check "Yes", you must answer question 26 regarding housesharing.*

15. Are you or anyone in your household receiving:
- | | |
|------------------------------------------|----------------------------------------------------------|
| Veteran's Benefits..Case No. _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Food Stamps.....Case No. _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ATAP/ASAP.....Case No. _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Supplemental Security Income..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Social Security | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Adult Public Assistance...Case No. _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unemployment Insurance Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No |

16. Are you or anyone in your household:
- Legally disabled ☐ Yes ☐ No
- Age 60 or over ☐ Yes ☐ No

● Household Income

17. List all gross income received by anyone in your household during the calendar month before you complete and sign the application. For example, if you apply in November, list all gross income with an October check date, regardless of the pay period date. If any household member works in a seasonal occupation you must also provide verification of that income for the prior 12 months.
18. Attach proof of all income listed below. **If you do not include proof your application will be delayed or denied.** Acceptable proof of income includes wage stubs showing gross income and year-to-date figures, a completed employer work statement (Form A) or a signed letter from your employer. Year-end statements or award letters are required for Social Security and retirement benefits.

Types of income include the following:

Wages	WA	BIA General Assistance	BIA	Cashouts of Retirement or Pension	CO
Tips or Gratuities	TI	Unemployment Insurance	UI	Dividends	DI
AK Temporary Assistance	ATAP/ASAP	Adult Public Assistance OAA, APD, AB	APA	Pension (other than Veteran's Benefits)	PE
Foster Care Payments	FC	Veteran's Benefits	VB	Interest	IN
Social Security	SSA	Rental Income	RI	Bingo/Pull Tab Winnings	BP
Supplemental Security	SSI	Child Support and Alimony	CS	Student Loans/Grants	SL
General Relief	GR	Worker's Compensation	WC	Other (please explain)	OT

Name of Household Member	Type of Income	Gross Income Amount	Form of Proof Sent With Application	For Office Use Only
If you need more space, attach another piece of paper.			Total	

19. Have you or anyone in your household been employed in an occupation with a regular work season of 11 months or less during the past 12 months (seasonal employment)? Examples of seasonal employment may include: construction, fishing, fish processing, logging, mining, trapping, tourism related, firefighting, oil field and school district occupations. Be sure to submit verification of all income from all sources. Your total income for the previous 12-month period will be divided by 12 to arrive at an average monthly income.

- ☐ **Yes** – provide paystubs for the most recent 12-month period or have your employer complete Form B
- ☐ **No**

20. Have you or anyone in your household been self-employed at any time during the past 12 months? Examples of self-employment may include: commercial or charter fishing, carving, trapping, baby-sitting or day care, crafts, home party sales, cosmetic sales, taxi driving and owning your own business. Be sure to submit verification of all income from all sources. Your 12-month self-employment income, less business related expenses, and any other earned income, will be totaled and divided by 12 to arrive at a monthly income average.

- ☐ **Yes** – complete Self-Employment Earnings Form C
- ☐ **No**

21. If your household is reporting little or no income, describe below how you meet basic living expenses.

Rent: _____

Utilities: _____

Food: _____

• Residence Information

22. What kind of housing do you live in? *(Check one)*
- | | | | |
|---------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------|
| Apartment or condominium: | <input type="checkbox"/> House | <input type="checkbox"/> Travel Trailer (less than 35 feet) | <input type="checkbox"/> Van/Car/Tent* |
| <input type="checkbox"/> 4 or more attached units | <input type="checkbox"/> Cabin | <input type="checkbox"/> Mobile Home (35 feet or more) | <input type="checkbox"/> Pick-up camper* |
| <input type="checkbox"/> 1-3 attached units | <input type="checkbox"/> Boat | List exterior dimensions of living | <input type="checkbox"/> Boarding home* |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Renting a Room | space of your trailer/mobile home | <input type="checkbox"/> Hotel/Motel/Hostel* |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Studio/Efficiency | length: _____ ft x width: _____ ft | <i>* Provide proof of 60 day's residence in this dwelling</i> |
23. How many bedrooms are in your home? _____
24. How much rent or mortgage do you pay each month? Rent: \$ _____ Mortgage: \$ _____ Space Rent: \$ _____
25. If you are renting; **attach a copy of your rental agreement and most recent rent receipt.**
- a. Who is the owner, landlord or manager?
 Name: _____ Address: _____ Phone Number: _____
- b. Is your rent based on 30 percent of your income (subsidized)? ☐ Yes ☐ No ☐ Don't Know
26. If you are housesharing, list the names of other roommates or households living at this residence but not included on the front of this application. **Describe how rent and utility expenses are shared.**

• Heating and Electric Information

27. **Check only one.** What is the **main** fuel used to heat your home?
☐ Natural Gas ☐ Fuel Oil ☐ Wood ☐ Electricity ☐ Kerosene ☐ Coal ☐ Propane ☐ Other: _____
28. Who pays for your home heat? ☐ Self ☐ Landlord ☐ Other (please explain) _____
29. Who pays for your electricity? ☐ Self ☐ Landlord ☐ Other (please explain) _____
30. If you are paying directly for heat **and** electricity, would you like us to send a portion of your grant to your electric account?
☐ Yes ☐ No

Energy Supplier	Account Number	Name On Bill	Average Bill In Winter Months	Amount Of Current Bill
31. Name of Your Fuel Company				
32. Name of Your Electric Company				

33. **Attach copies of most recent heat and electric bills to this application. You must show you pay for heat, directly or through rent, to be eligible.** Your grant is paid to your account with your vendor.
NOTE: If your bills are in someone else's name, please explain: _____
34. Do you have any comments about your need for heating assistance? (If you need more space, attach another piece of paper.)
-
-
-

NOTE: Try to continue to pay your bills while waiting for a decision on your application. It may be up to 45 days until your application is processed. If your bills are overdue or you are in danger of running out of fuel, contact your heat or utility provider to set up a deferred payment agreement. Let them know you have applied for heating assistance.

APPLICANT MUST SIGN ON REVERSE SIDE!

•Important Notice About Your Rights

Fair Hearing

Any person whose application is denied or not acted upon with reasonable promptness, or whose benefits are reduced or terminated, has a right to a fair hearing. You may request a hearing by telephone, in person, or in writing. Contact any Public Assistance office or write the Heating Assistance Program. Hearing requests must be made within 30 days after you are mailed a notice of a decision on your HAP case. At the hearing you may represent yourself. You may also be represented by legal counsel (e.g., Alaska Legal Services Corporation) or by another person of your choice.

Civil Rights

No person in the United States, on the ground of race, color, national origin, or disability, shall be excluded from participation or be denied the benefits of federal assistance. If you feel you have been discriminated against, you may file a complaint with the Division of Public Assistance or with the United States Department of Health and Human Services.

•Agreement to Receive Heating Assistance

To receive assistance, you must agree to all of the statements below. Any member of your household who deliberately breaks any rules and receives benefits to which they are not entitled must repay the benefits and may be prosecuted.

- I agree to notify the Division of Public Assistance of any changes in address or number of household members within 10 days from the date I know of the change.
- I understand that a Department representative may call at my home, and may contact other people in order to verify my eligibility for assistance. I also understand that information I give may be verified by computer cross-matching with other agencies.
- I authorize the Alaska Department of Labor to release to the Division of Public Assistance information about my eligibility for unemployment insurance and work history.
- I authorize the Division of Public Assistance to communicate with my vendor(s) and other agencies on my behalf as it relates to the Heating Assistance Program.
- I understand that I must live in the home for which I am applying.
- I understand that my household can submit only one Heating Assistance Program application per year, and certify this is the only application submitted from or on behalf of my household.
- **I certify under penalty of perjury, or of unsworn falsification in violation of AS11.56.210, that the statements made regarding the persons in my home and the income and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.**

Did You Remember To:

- ☐ answer all 34 questions
- ☐ include proof of income in the form of paystubs or have your employer complete Form A or Form B,
- ☐ include a copy of your latest rent receipt and rental agreement if you are renting,
- ☐ include a copy of your latest home heating and electric bill,
- ☐ read the agreement above, and
- ☐ sign and date the application with today's date?

NOTE: Fee Agent assistance is not required.

Signature of person listed on Page 1, Line 1 35.		Today's Date	Witness - if signed with an "X" (Legal guardians provide documentation)
Fee Agent and Office Use Only			
CHECKLIST: I have verified and included:			
<input type="checkbox"/> Proof of income for every adult who has received income.			
<input type="checkbox"/> Complete housing and heating information; copies of recent bills or a rental agreement and most recent rent receipt.			
<input type="checkbox"/> Client has completed, signed and dated this application.			
• I certify that I have checked the information on the application carefully and that it is a true and complete statement of facts according to the best of my knowledge.			
• I understand that it is against the law to make false statements and that I am subject to prosecution if I do.			
• I understand that if this application is not complete, I may not be paid.			
Fee Agent/District Office Signature	Date	Print Name	Daytime Phone
Address			
Additional Information (If you need more space, attach another piece of paper.)			